## **NOTICE**

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

#### These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <a href="http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx">http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx</a>



DLN: 93493130014270

# Form **990**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

		2000						Inspection
				c, or tax year beginning 07-01-2008 C Name of organization	and ending 06-30-200	19	D Employer ide	ntification number
_	eck if ap dress cha	oplicable Plea		HOUSING FOR INDEPENDENT PEOPLE INC			94-265090	1
_		labe		Doing Business As			E Telephone nu	
Name chan		type	e. See				(408) 941-1	850
Initial return  Termination		Instruc- Number afind steet (of P O box it mail is not delivered to street address) Room/suite		G Gross receipt				
- Am	ended r	return		City or town, state or country, and ZIP +	4		1	
– Apı	olication	pending		Milpitas, CA 950354105				
		F	Nam	e and address of Principal Officer		H(a) Is th	■ ıs a group return	for
			yrone	D Moore Sr			ates?	TYes ▼ No
				ley way ,CA 950354105				
Та	x-exem			(3) ◀ (insert no )	527	1 ' '	II affiliates include	sd? Yes No See instructions)
W	eb site	e: ► www HIF	P4hous	ing org		<b>-</b>	up Exemption Nui	
<b>(</b> Тур	e of org	anızatıon 🔽 C	Corporati	on trust association other F		L Year of Fo	ormation 1979 M	State of legal domicile CA
Рa	rt I	Summar Briefly descr		organization's mission or most sigr	uficant activities			
						the Dev. A		
ر د		io prevent n	iomeie	ssness and institutionalization of pe	opie with special needs	in the bay A	rea	
ŧ								
Í								
ankellidlike	2	Check this b	oox [	f the organization discontinued its o	perations or disposed (	of more than 2	25% of its assets	<b>;</b>
	3	Number of vo	oting n	nembers of the governing body (Part	VI, line 1a)		_	8
ACIIVIII ES Q	4	Number of in	ndepen	dent voting members of the governir	ng body (Part VI, line 1	b)	. 4 _	8
	5	Total numbe	rofem	ployees (Part V, line 2a)			5 _	21
Ĭ	6	Total numbe	rofvo	unteers (estimate if necessary) .			6 _	8
ŧ				ed busıness revenue from Part VIII			7a _	0
	b	Net unrelate	d busi	ness taxable income from Form 990	-T, line 34		7b	0
						Pri	or Year	Current Year
	8	Contributio	ns and	grants (Part VIII, line 1h)			188,451	143,276
Revenue	9	Program se	Program service revenue (Part VIII, line 2g)					1,881,033
e Ac	10	Investment	t ıncon	ne (Part VIII, column (A), lines 3, 4,	, and 7d)		17,317	4,794
Ĭ	11	Other rever	nue (Pa	art VIII, column (A), lines 5, 6d, 8c,	, 9c, 10c, and 11e)			0
	12		nue — a c	d lines 8 through 11 (must equal Pa	art VIII, column (A), lır	ne	2 101 220	2.020.102
	13	12)			l.man 1 2)		2,101,330	2,029,103
	13			r amounts paid (Part IX, column (A)				73,887
	14	·		r for members (Part IX, column (A),	•	_		0
8	15	Salaries, of	inerco	mpensation, employee benefits (Par	t IX, column (A), lines	5-	706,215	929,995
Expenses	16a	•	al fundi	aising fees (Part IX, column (A), lin	e 11e)			36,945
<b>₹</b>	ь			enses, Part IX, column (D), line 25 52,615	,			·
Ш	17			Part IX, column (A), lines 11a–11d,	11f-24f)		1,526,716	1,413,152
	18	•	-	add lines 13–17 (must equal Part I)	•		2,232,931	2,453,979
	19			enses Subtract line 18 from line 12			-131,601	-424,876
× 20		s. ende ie.	unp			Region	ing of Year	End of Year
စ္က န္	30	Total	to /D = "	Y line 16)		Degiiiii		
3 TE	20	Total asset	•	· ·			9,487,440	8,756,431
net Assets of Fund Bafances	21		,	art X, line 26)			8,095,080	8,068,162
_	22			balances Subtract line 21 from lin	e 20		1,392,360	688,269
Pa	rt II	Signatu						
				Jury, I declare that I have examined this rel orrect, and complete Declaration of prepare				
Plea	se	*****	, -			1	)-05-07	, 9-
Sigr	1	Signature of	of office	-		Date		
ler	е	Tyrone D N	Moore S	Executive Director				
		Type or pr						
		Preparer's			Date	Check If	Preparer's PTIN (	See Gen Inst )
Paid		signature	LAWRE	NCE S KUECHLER	2010-05-07	self-		/
	arer's	Furm/a na /	or 1/0	L DEDCEDIEWIC ACCOUNTANCY CORD		empolyed 🕨		
	Only	Firm's name (or if self-employe	ed),	<b>)</b>			EIN 🕨	
, <del>, , , ,</del> ,	Jiiiy	address, and Z	ZIP + 4	55 ALMADEN BLVD STE 600			Discourse	00) 404 4202
				SAN JOSE, CA 95113			Phone no 🕨 (4	
1ay <sup>-</sup>	the IRS	S discuss thi	s retur	n with the preparer shown above? (S	ee instructions)			▼ Yes

### Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organiza	ition's mission						
See A	dditional Data Table							
2	Did the organization und the prior Form 990 or 99		nt program sei		r which were not listed on	┌ Yes	✓ No	
	If "Yes," describe these	new services on Sch	nedule O					
3	Did the organization ceaservices?	se conducting or ma	ke sıgnıfıcant	changes in how it co	nducts any program	☐ Yes	√ No	
	If "Yes," describe these	changes on Schedul	e O					
4		1) organızatıons and	4947(a)(1) tı	rusts are required to	largest program services b report the amount of grants ed			
4a	Organization's typical resider for rent and utilities Housing special needs individuals 2 A available to this population t	it relies on Social Security For Independent People Assuring that the housing hrough acquisition or dev living situation In additio	y Disability of abo , Inc fulfills its m it provides is of l velopment of add on, Housing For Ir	out \$850/month Resident ission by 1 Preserving th high quality through caref itional units in the commu	73,887) (Revenue \$ roximately 211 people in its 190 u is' rent ranges from about \$382/pe e community's current stock of rer ul management 3 Expanding the unity 4 Partnering with social servi rovides rental subsidy for up to 9	nits of afforderson/montherson/montherson number of ucceased agencies	to \$972/person/m for very low incom- nits of housing that can support	
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$		)	
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$		)	
4d	Other program services (Expenses \$	•	dule O ) ding grants of	\$	) (Revenue \$		)	
4e	Total program service e	expenses \$	1,850,877	Must equal Part IX	, Line 25, column (B).			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>-</del>		
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		N o
9	complete Schedule D, Part III	8		N o
9	provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"  complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10		 N o
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	10		
	Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Part II	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable				
	1a	21			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				
	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and repogaming (gambling) winnings to prize winners?	rtable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements filed for the calendar year ending with or within the year covered by this return	21			
b	return				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered return?		3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3Ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	•			
	over, a financial account in a foreign country (such as a bank account, securities account, or other final account)?	ıcıal	4a		Νο
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	and			
_	Financial Accounts.	-			
5a 	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	-	5a		N o N o
		_	5b		IN O
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Pi</i> Tax Shelter Transaction?	ohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	[	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts	6b		
7	were not tax deductible?	• •	OD		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or		7a		No
	more?	_			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was file Form 8282?	required to	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
_					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per benefit contract?	sonai	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C required?	as	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	,	7		
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organizations business holdings at any time during the	tion, have			
	year?	L	8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	•  -	9Ь		
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b				
	facilities				
11	Section 501(c)(12) organizations Enter				
	Gross income from members or shareholders				
_	11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )				
4.2			.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417  If "Yes," enter the amount of tax-exempt interest received or accrued during the	· · · ·	12a		
D	year				

6

8

Section A. Governing Body and Management

other officer, director, trustee, or key employee? .

No

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Yes

2

3

4

5

6

7a

7Ь

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	v, desc	ribe the circumstances,
1a	Enter the number of voting members of the governing body	1a	8
b	Enter the number of voting members that are independent	1b	3
2	Did any officer, director, trustee, or key employee have a family relationship or a bu	siness	relationship with any

3	Did the organization delegate control over management duties customarily performed by or under the direct	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	•
1	Did the organization make any significant changes to its organizational documents since the prior Form 990	wz

Did the organization make any significant changes to its organizational documents since the prior Form	990	wa	s
filed?			
Did the organization become aware during the year of a material diversion of the organization's assets?			

Does the organization have members or stockholders?	
Does the organization have members, stockholders, or other persons who may elect one or	more members of the
governing body?	

b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	
	Did the organization contemporaneously document the meetings held or written actions undertaken during th	ıe

	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	year by the following
_	the governing hody?

b	each committee with authority to act on behalf of the governing body?						
3	Does the organization have local chapters, branches, or affiliates?						

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ch c	hap	oter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All org	janıza	tıor	าร
must describe in Schedule O the process, if any, the organization uses to review the Form 990 .			

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		No
9Ь		
10	Yes	
11		No

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νο
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

REYNOLD SAMORANOS 481 valley waY MILPITAS, CA 95035 (408) 941-1850

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee or key employee											
		Posit t	(C tion ( hat a	chec		I				(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
ANN DANNER , president	3 50	Х		Х				0	0	0	
BARBARA CAMPBELL , DIreCTOR	1 30	Х						0	0	0	
Kate Miller , Secretary	1 30	Х		Х				0	0	0	
Teresa Powell , Treasurer	1 50	Х		Х				0	0	0	
JOHN THIELMANN, dIRECTOR	1 30	Х						0	0	0	
Roberta Hayashı Esq , dIRECTOR	1 80	Х						0	0	0	
Jerome bellotti , dIRECTOR	1 50	Х						0	0	0	
tom kınoshıta , Vice President	1 50	Х		Х				0	0	0	
TYRONE D MOORESR, executive director	40 00			Х				99,941	0	8,428	
Reynold Samoranos , CFO (hired 02/09)	40 00			Х				0	0	0	
debbie parker , Dir admin & Fund dvlp	40 00			Х				69,629	0	9,112	
LORRIE MAZUCCI, CHIEF REAL ESTATE OFFICE	40 00			Х				23,537	0	3,253	
						ļ					
						<u> </u>					
						<u> </u>					

#### Part VIII Continued

			(i ition that a		all			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	 Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				<u> </u>					
1b Total						►	193,107	0	20,793

- Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►1

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100.000 in compensation	_

Statement of Revenue

				<b>(A)</b> Total Revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	<b>(D)</b> Revenue
				Total Revenue	Exempt	Business	Excluded from
					Function Revenue	Revenue	Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					
nts ots	ь	Membership dues	-				
ora Out		1b —	_				
ું 🖁	С	Fundraising events 1c —					
<u>≅</u> ,≅	d	Related organizations1d					
ξĒ.	e	Government grants (contributions) <b>1e</b>	110,785				
ntio er s	f	All other contributions, gifts, grants, and similar amounts not included above —	32,491				
Contributions, gifts, grants and other similar amounts		<b>1</b> f					
ξğ	g	Noncash contributions included in					
ठॅ व	h	Ines 1a-1f \$  Total (Add lines 1a-1f)		143,276			
			<b>▶</b>				
<u> </u>	2a	RENTAL INCOME	Business Code 531,110	1,842,154	1,842,154		
Program Serwce Revenue	ь	TENANT SERVICES & CHAR	532,000	38,879	· · · · · ·		
æ	c	TENANT SERVICES & CHAR	532,000	38,879	38,879		
-S-	d						
Şe							
Ē	e f						
25	•	All other program service revenue					
š	g	Total. Add lines 2a-2f					
	3	► \$ 1,881,033  Investment income (including divide	ands interest				
		other similar amounts)	F	4,794			4,794
			▶				
	4	Income from investment of tax-exempt bon	d proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	Ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount					
		from sales of assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising					
		events (not including					
пе		\$ of contributions reported on line					
		1c) See Part IV, line 18					
ě		Attach Schedule G if total exceeds \$15,000 a					
Other Revenue	ь	Less direct expenses <b>b</b>					
¥	c	Net income or (loss) from fundraising	a events				
•	9a		<u> </u>				
	<b>3</b> a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
		a					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming ac					
	10a	Gross sales of inventory, less	<b>•</b>				
	TOG	returns and allowances .					
		а					
	ь	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of in					
		Miscellaneous Revenue E	Business Code				
	11a						
	Ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 8c,	4,5,6d,7d,	2,029,103	1,881,033	0	4,794
		9c, 10c, and 11e	. ▶				

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re				).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	73,887	73,887		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	286,933	86,568	192,400	7,965
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	494,400	343,699		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	85,314	51,972	32,588	754
10	Payroll taxes	63,348	33,188	29,511	649
11	Fees for services (non-employees)				
а	Management				
b	Legal	12,003	8,567	3,436	
c	Accounting	31,838	29,684	2,154	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	36,945			36,945
f	Investment management fees				
g	Other	11,998	3,500	8,498	
L2	Advertising and promotion	845	300	508	37
L3	Office expenses	130,140	67,102	58,798	4,240
<b>L4</b>	Information technology				
<b>L</b> 5	Royalties				
L6	Occupancy	304,750	296,064	8,159	527
L7	Travel	15,348	12,130	3,000	218
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	153,686	151,145	2,541	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	411,404	404,566	6,838	
23	Insurance	5,706	1,910	3,738	58
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	MAINTENANCE & REPAIR	274,053	256,286	16,566	1,201
b	Embezzlement Loss	30,742	,	30,742	_,
c	BAD DEBT	19,631	19,631		
d		9,288	9,288		
	Permits & LICENSES	1,720	1,390	309	21
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,453,979	1,850,877	550,487	52,615
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint	2,133,373	1,030,077	330,407	32,013
	costs from a combined educational campaign and fundraising solicitation				000 (200°

Part X	Balance	Sheet

					(A)		(E	
	1	Cash—non-interest-bearing			Beginning of year 275	1	Ena o	fyear 275
	2	Savings and temporary cash investments	• •		433,491	2		215,030
	3	Pledges and grants receivable, net			41,737	3		40,767
	4	Accounts receivable, net	• •		19.668	4		16,482
	5	Receivables from current and former officers, directors, trustees	kov o	mployees or	10,000	-		10,402
		other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of 1				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
\$	9	Prepaid expenses and deferred charges			11,206	9		21,292
ssets	10a	Land, buildings, and equipment cost basis	10-	14,483,457				
⋖	١.	Land and the desired desired and the Control of Control	10a	14,465,457				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10Ь	6,504,796	8,494,919	10c		7,978,661
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII o	f		12		
	13	Investments—program-related See Part IV, line 11 Complete Poof Schedule D.	art VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			486,144	15		483,924
	16	Total assets. Add lines 1 through 15 (must equal line 34)			9,487,440			8,756,431
	17	Accounts payable and accrued expenses .			142,874	17		100,815
	18	Grants payable				18		,
	19	Deferred revenue			6,677	19		2,530
	20	Tax-exempt bond liabilities			,	20		
Ø.	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key						
졅		employees, highest compensated employees, and disqualified						
ï		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties			7,337,875	23		7,364,029
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			607,654	25		600,788
	26	Total liabilities. Add lines 17 through 25			8,095,080	26		8,068,162
ě		Organizations that follow SFAS 117, check here ▶   and comp through 29, and lines 33 and 34.	lete lind	es 27				
anc	27	Unrestricted net assets			1,386,419	27		688,269
Balance	28	Temporarily restricted net assets			5,941	28		0
Ā	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ► □ an lines 30 through 34.	d compl	ete				
0.0	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
25.5	32	Retained earnings, endowment, accumulated income, or other fu		- ·		32		
	33	Total net assets or fund balances			1,392,360	33		688,269
Net	34	Total liabilities and net assets/fund balances			9,487,440			8,756,431
	1 5-7	. otal habilities and net assets/fulla balances			0,107,100	<b>5</b> 7		-,, 55, 461
Pa	rt XI	Financial Statements and Reporting						
		<u> </u>					Yes	No
1	۸۵۵۵	ounting method used to prepare the Form 990	3667113	Cothor			+	<del>                                     </del>

 E' ' - 1 O   - 1 1 1 B	

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

### DLN: 93493130014270

**Employer identification number** 

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

		R INDEPENDEN	T PEOPLE INC						pioyei ide		
								94	-265090	1	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organı	zatıon ıs not	a private found	ation because it is (Please	check onl	ly <b>one</b> org	anızatıon )	)			
1	Г	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)(	(A)(i).		
2	Г	A school de	escribed in <b>Sec</b> l	t <b>ion 170(b)(1)(A)(ii).</b> (Atta	ch Schedu	ıle E )					
3	$\sqcap$	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in <b>Sec</b>	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Г	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	Γ	An organiza	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )							
6	$\sqcap$	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	<u></u>	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral public
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ity trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ns, membe	rship fees	s, and gross
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	′3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	( <b>a)(4).</b> (S	ee instruc	tions )
11	$\sqcap$	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the functions of, or to carry out the purposes of				
				orted organizations describe		٠,	` '	•	, , ,	Section 5	<b>09(a)(3).</b> Check
		a T		type of supporting organiza			nes lle t nally Intec		h <b>d</b>	Γ <sub>Type</sub>	III - Other
e	_		• •	rtify that the organization is			, -	•			
-	'	•		agers and other than one or						-	
		section 50		,	•	, ,,	J				( )( )
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
		check this		as the organization accepted	d any gift.	or contrib	ution from	any of the			J
g		following pe		as the organization accepted	u any gni	or continu	ution nom	any or the	•		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	(ii)
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports				
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	1	ou notify		s the	(vii) A mount of
		orted		(described on lines 1 - 9	_	ation in		inization		ation in	support?
	O rgar	nization		above or IRC section (See Instructions))		listed in verning	In col (I	i) of your		rganized US?	
				(See Instructions))		ment?	3491	7010	"" ""	0 5 .	
					Yes	No	Yes	No	Yes	No	1

Total

# Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	keu tile box oi	1 lille 5, 7, 01	o of Part I.)				
	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	247 760	24.4.402	534.065	400.454		442.276	4 200 052
	membership fees received (Do not	217,769	214,492	524,065	188,451		143,276	1,288,053
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf							
_	The value of services or facilities							
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	217,769	214,492	524,065	188,451		143,276	1,288,053
5	The portion of total contribution by each	,	,	<u> </u>	,			, ,
5	person (other than a government unit or							
	publicly supported organization) included							46 200
	on line 1 that exceed 2% of the amount							16,388
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							1,271,665
	4							1,271,005
To	otal Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	<b>(f)</b> Total
7	A mounts from line 4	217,769	1,797	524,065	188,451		143,276	1,288,053
8	Gross income from interest, dividends,							
	payments received on securities loans,	1,853	1,797	4,636	17,317		4,794	30,397
	rents, royalties and income from similar	1,033	1,757	4,030	17,517		7,75-	30,337
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss	69,537	17,371	25,255				112,163
	from the sale of capital assets (Explain in	09,337	17,371	23,233				112,103
	Part IV )							1,430,613
	Total Support (Add lines 7 through 10)	/C	- \					
12	Gross receipts from related activities, etc	(See instructions	s)			12		9,231,838
13	First Five Years. If the Form 990 is for the o	organization's fir	st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(		_
	organization, check this box and <b>stop here</b>							▶┌
	mputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) divide	ed by line 11 co	lumn (f))		14		<b>88.890</b> %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		88.270 %
16a	33 1/3% Test - 2008. If the organization did	I not check the h	ov on line 13 a	nd line 14 is 33	1/3% or more		this hay	
Tou	and <b>stop here.</b> The organization qualifies as				1/3/0 01 111010,	CHCCK	tills box	<b>▶</b> ▽
ь	33 1/3% Test - 2007. If the organization did		-		5 is 33 1/3% o	r more	. check thi	•
	box and <b>stop here.</b> The organization qualifie						,	▶□
17a	10% Facts and Circumstances Test - 2008.				3, 16a, or 16b a	nd line	e 14 is 10	% or
	more, and if the organization meets the "fac	ts and circumsta	ances" test, che	ck this box and	stop here. Exp	laın ın	Part IV ho	w the
	organization meets the "facts and circumst	ances" test The	organization qu	ualifies as a pub	licly supported	organı	zatıon	<b>►</b> □
ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							<b>►</b> □
18	<b>Private Foundation.</b> If the organization did	not check the bo	x on line 13, 16	a, 16b, 17a or 1	L7b, check this	box a	nd see	. —
	instructions							<b>▶</b> ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

#### **Additional Data**

Software ID: Software Version:

**EIN:** 94-2650901

Name: HOUSING FOR INDEPENDENT PEOPLE INC

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

To prevent homelessness and institutionalization of people with special needs in the Bay Area by providing them with high quality affordable housing and assuring that they receive needed support services. Special needs include developmental disabilities, psychiatric disabilities, medical conditions including drug and alcohol dependency, frail elderly, HIV/AIDS and combinations of these disabilities.

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization HOUSING FOR INDEPENDENT PEOPLE INC 94-2650901

			J . 200000	
Pa	organizations Maintaining Donor Actor organization answered "Yes" to Form 99		inds or Accou	nts. Complete if the
		(a) Donor advised funds	(b) Funds a	nd other accounts
L	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	<u> </u>	or advised	┌ Yes
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendimpermissible private benefit?		may be	┌ Yes
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Par	t IV, line 7.
2	Purpose(s) of conservation easements held by the or  Preservation of land for public use (e.g., recreation protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quali	on or pleasure)  Preservation of an Preservation of ce	rtified historic stru	ucture
	on the last day of the tax year			
			Held	d at the End of the Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	s	2b	
c	Number of conservation easements on a certified his	storic structure included in (a)	2c	
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organizat	ion during
	the taxable year 🕨			
1	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tions, and	┌ Yes ┌ No
5	Staff or volunteer hours devoted to monitoring, inspec	cting and enforcing easements during the	year ►	

- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

☐ Yes ☐ No

3	Using the organization's accession and other records, check any							ontinuea)
	items (check all that apply)		_	-	-			
а	Public exhibition	d	Г	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	hov	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as p						Yes	┌ No
Par	<b>Trust, Escrow and Custodial Arrangements.</b> C Part IV, line 9, or reported an amount on Form 990				anızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	ıary	for o	ontributions (	or other assets r	oot	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table							
						A mou	ınt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line	21?				Γ	Yes	∏ No
ь	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization						<b>1</b>	
1_	(a)Current Year	(b	<b>)</b> Prior	Year (c)Iw	o Years Back (d)	Three Years Back (e	e)Four Y	ears Back
1a	Beginning of year balance							
b	Investment earnings or losses							
c d	Grants or scholarships							
e	Other expenditures for facilities							
-	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as							
а	Board designated or quasi-endowment							
ь	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possession of the organizat	ıon	that	are held and a	administered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)		
	(ii) related organizations					3a(ii)	<u> </u>	
	If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo					Зь		<u> </u>
4 Dar	t VI Investments—Land, Buildings, and Equipmen				art V line 10			
Fell	Threstments—Land, buildings, and Equipmen	<b>t.</b> 3		Cost or other	(b)Cost or other			
	Description of investment			is (investment)	basis (other)	(c) Depreciation	<b>(d)</b> Bo	ook value
1a	Land				2,817,243	•		2,817,243
b	Buildings				10,787,595	6,173,155		4,614,440
c	Leasehold improvements				46,154	1,282		44,872
d	Equipment				226,068	132,848		93,220
е	Other				606,397	197,511		408,886
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column	η (B)	), line	: 10(c).)		►		7,978,661
		(-)	,			Schedule D (	Form 9	

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation year market value
		Cost of ella-of-	year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990 Part X line	13	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri	ption		(b) Book value
DEPOSITS			3,695
OTHER RECEIVABLES - NET			10,000
Security deposits			114,794
Funded reserves			355,435
Total. (Column (b) should equal Form 990, Part X, col.(B) line .			483,924
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes			
Accrued Interest	498,713		
SECURITY DEPOSITS	102,075		
52557211 521 55115	102,075		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	600,788		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,029,103
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,453,979
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-424,876
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-279,215
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-279,215
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-704,091
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial	_	2,073,262
_	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments		
a b	Net unrealized gains on investments		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e e	Add lines 2a through 2d	2e	44,159
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,029,103
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	2,029,103
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	2,498,138
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	_	
e	Add lines <b>2a</b> through <b>2d</b>	2e	44,159
3	Subtract line 2e from line 1	3	2,453,979
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)	A -	_
C E	Add lines 4a and 4b	4c	2.452.070
5 Par	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,453,979
ان	oappiemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
		Schedule D Part X - Fin 48 Financial statement footnote FIN 48
		- In June 2006, the Financial Accounting Standards Boards
		(FASB) issued Interpretation No 48, Accounting for Uncertainty
		in Income Taxes - an interpretation of FASB Statement No 109,
		(FIN 48) FIN 48 provides guidance on recognition and
		measurement of uncertainties in income taxes recognized in
		financial statements by prescribing a more-likely-than-not
		recognition threshold and measurement attribute of tax positions
		taken or expected to be taken on a tax return On December 30,
		2008 FASB Staff Position (FSP) FIN 48-3 was issued and allows
		for the deferral of FIN 48 for fiscal years beginning after
		December 15, 2008 In accordance with this provision, the
		Organization elected to defer the application of FIN 48 Based on
		management's analysis of the Organization's tax positions, the
		accounting for any uncertainty in its tax positions is not
		expected to have a material impact on the financial statements
		Schedule D PART XI Line 7 - Prior year adjustment During the
		year ended June 30, 2009, the Organization discovered errors
		made in prior years related to an embezzlement of funds
		Adjustments related to correcting these errors are summarized
		as follows Expense embezzlement loss for amounts incorrectly
		capitalized to building improvements (320,608) Reduce
		accumulated depreciation due to the incorrect capitalization of
		building improvements 41,393
		January mp. 5. 5 minutes 12/5 5
		Total prior year adjustments (279,215)

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As Filed Data -

DLN: 93493130014270

Employer identification number

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

**Fundraising or Gaming Activities** 

Name of the organization
HOUSING FOR INDEPENDENT PEOPLE INC

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- a Mail solicitations
- c Phone solicitations
- d In-person solicitations

- e 🔽 Solicitation of non-government grants
- f 🔽 Solicitation of government grants
- g | Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Lancar Forth Channe	C t	Yes	No			
Lessen Faith Sherry	Grant writing		No	25,000	36,945	-11,945
Total			<b></b>			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မေ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes%	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493130014270 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

Open to Public

Name of the organization						Employer identi	fication number
HOUSING FOR INDEPENDEN	T PEOPLE INC					94-2650901	
Part I General Infor	mation on Gra	nts and Assistanc	е			•	
<ul><li>Does the organization mathematical the selection criteria use</li><li>Describe in Part IV the organization</li></ul>	d to award the gra	nts or assistance?					√ Yes
Form 990, Part Part IV and Sch	IV, line 21 for a edule I-1 if addi	ny recipient that rec tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the of if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
3 Fates to the Control of Control	L =		1	I		ı	
2 Enter total number of seconganizations		_			•		
2 Entertated number of ath							<u>.</u>

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	Part IV,	line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Sunset RENTal SUBSIDY	9	73,887			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

	5	e	e	А	a٠	a١	tι	0	n	a١	L	) a	ıt	а	1	а	b	ıe	
--	---	---	---	---	----	----	----	---	---	----	---	-----	----	---	---	---	---	----	--

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 HIP prepares an Annual Progress Report (APR) which tracks program progress and accomplishments in the Department's competitive homeless assistance programs. Filing Requirements. Recipients of HUD's homeless assistance grants must submit an APR to HUD within 90 days after the end of each operating year. Failure to submit an APR will delay receiving grant funds and may result in a determination of lack of capacity for future funding. An APR must be submitted for each operating year in which HUD funding is provided. The report must be submitted to the CPD Division Director in the local HUD Field Office responsible for managing the grant. A separate report must be submitted for each HUD grant received. For Shelter Plus Care, a separate APR must be submitted for each Shelter Plus Care component. For those grantees receiving an extension, a separate report covering that period must be submitted (see Extension below). Record keeping. Grantees must collect and maintain information on each participant in order to complete an APR. Organization of the Report. The APR is organized in the following manner. Part I. Project Progress. This portion of the report describes the progress in moving homeless persons to self-sufficiency, services received, project goals, and beds created. Part II. Financial Information. This portion of the report is completed by all grantees receiving funding under SHP, S+C and SRO. Final Assembly of Report. After the entire report is assembled, number every page sequentially. Mark any questions that do not apply to program with "N/A" for not applicable.

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DLN: 93493130014270

CCUEDUI E O

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization	Employer identification number
HOUSING FOR INDEPENDENT PEOPLE INC	
	94-2650901

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 5		During the year ended June 30, 2009, the Organization discovered the loss of approximately \$405,000. After extensive investigation, the Organization believes the loss to be the result of embezzlement by a former employee w ho for many years held a trusted position with the Organization. The matter has been turned over to the District Attorney. The Organization is pursuing partial recovery of the embezzled funds through its insurance coverage.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Copies of the form 990 are emailed to all members of the Board

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation packages for the entire staff of the Organization including the Executive Director and Chief Financial Officer are reviewed and approved during the budget review process. HR runs comparable analysis of compensation through Compass Point website and various other sources.

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section C, line 19		Upon request	

ldentifier	Return Reference	Explanation		
FORM 990, PART VI, SECTION B, LINE 12B AND LINE 12C	conflict of interest policy	Subsequent to the fiscal year ended June 30, 2009, Housing for Independent People implemented a policy that requires officers, directors or trustees, and key employees to disclose annually interests that could give rise to conflicts. They also instituted a policy to annually monitor and enforce compliance with their conflict of interest policy.		

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DLN: 93493130014270

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

### **Depreciation and Amortization** (Including Information on Listed Property)

Attachment

	<u> </u>	See separate instruction	s. 🟲 Attach	to your tax re	eturn.		Sequence No <b>67</b>
Name(s) shown on return			activity to which	this form rela	ates <b>Ide</b>	nt if y in	g number
HOUSING FOR INDEPEN	DENT PEOPLE	INC Form 990 Pa	go 10		0.4	26509	201
Part I Election	To Expense (	Certain Property Ur		179	34.	20303	<del>,</del> 0 1
	•	isted property, comple			nplete Part I.		
1 Maximum amount See	the instructions	for a higher limit for cer	taın busınesses			1	250,000
2 Total cost of section 1	79 property plac	ced in service (see instru	ıctıons) .			2	
<b>3</b> Threshold cost of sect	ion 179 property	y before reduction in limit	tatıon (see ınstr	uctions) .		3	800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	ss, enter -0-			4	
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter -	0- If married	filing		
separately, see instruc	tions					5	
<b>(a)</b> D	escription of pro	perty	1	(business use	(c) Elected	lcost	
				only)	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		_
6							$\dashv$
<b>7</b> Listed property Enter	the amount from	lino 20		. 7			ᅥ
· · ·						Τ.	+
8 Total elected cost of se	• •	•	ullili (c), illies o	anu / .		8	
9 Tentative deduction E						9	
10 Carryover of disallowed		•				. 10	
<b>11</b> Business income limitation						11	
<b>12</b> Section 179 expense of				_		12	
13 Carryover of disallowed			·	.▶ 13			
Note: Do not use Part							
		Allowance and Othe					y ) (See instructions )
14 Special depreciation al tax year (see instruction	•	illied property (other than	Thisted property	) praced in se	irvice during the	14	
15 Property subject to see	·	election				15	
16 Other depreciation (inc						16	409,509
		Do not include listed	property.) (Se	ee instructio	ns.)	1	1 .03,505
			ection A		,		
17 MACRS deductions for	assets placed i	n service in tax years be	gınnıng before 2	800		17	
18 If you are electing t	o group any a	ssets placed in servic	e during the t	ax year into	one or more		
general asset accou	nts, check hei	re			▶□		
Section B—Asse	ets Placed in	Service During 20	08 Tax Year	Using the	General De	recia	ition System
		(c) Basis for					
(a) Classification of	(b) Month and year placed in	depreciation (business/investment	(d) Recovery	(e) Convent	ion <b>(f)</b> Meth	d	(g)Depreciation
property	service	use	period		(1) 11011		deduction
		only—see instructions)					
<b>19a</b> 3-year property							
<b>b</b> 5-year property							
c 7 - year property							
d 10-year property e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/L		
<b>h</b> Residential rental			27 5 yrs	мм	S/L		
property			27 5 yrs	мм	S/L		
i Nonresidential real			39 yrs	ММ	S/L		
property				ММ	S/L		
Sect io	n C—Assets Plac	ced in Service During 200	8 Tax Year Usin	g the Alterna	tive Depreciatio	n Syst	em
<b>20a</b> Class life					S/L		
<b>b</b> 12-year			12 yrs		S/L		
c 40-year	 	 	40 yrs	MM	S/L		
Part IV Summar 21 Listed property Enter	y (See instruc					7.4	1
					- 21 5-4: 1	21	
<b>22 Total.</b> Add amounts fro and on the appropriate		14 through 17, lines 19 urn Partnerships and S			e∠ı ⊏nterher	22	409,509
23 For assets shown abov					<u>-</u> -		
portion of the basis att		_	<u>. ´ . ´ .   .   .     .                 </u>	23			
							4=40

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment deduction vehicles first) basis Convention service use period use only) cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 4 Vehicle 1 Vehicle 3 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use No No Yes No No No Yes Yes Yes Yes Yes No during off-duty hours? . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) Date

#### (a) A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 1,895 44 Total. Add amounts in column (f) See the instructions for where to report 44